Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		CLAIMS A	S FILED	- PART	I			SMALL	ENTITY		OTHE	R THAN
_		·	(Colum	nn 1)	(Col	umn 2) .		TYPE		OF	•	ENTITY
TOTAL CLAIMS			34		•			RATE	FEE	7	RATE	FEE.
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FE	770.00
T	OTAL CHARGE	ABLE CLAIMS	34 minus 20= *		*	. 14		XS 9=	- ms-	OR	X\$18=	252.
IN	DEPENDENT (CLAIMS	// minus 3 = *		*	1		X43=			You	86.0
MULTIPLE DEPENDENT CLAIM PRESENT									 	OR		100
* If the difference in column 1 is less than zero, enter						column 2		+145=		OR		100
	•	•	MENDED - PART II					TOTAL	<u> </u>	OR		11/18
		(Column 1)				(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* .	Minus	. ***		=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.145_		1	+290=	
								+145=		OR	+290=	
		6 1 0			٠.		A	DDIT. FEE	<u></u>	OR	ADDIT. FEE	
- 1		(Column 1)	<u> </u>	(Colum		(Column 3)	_				· :	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .:		X\$ 9=	•	OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEI	PENDENT (CLAIM	. 🔲	-			Ų.		
						· ***	L	+145=	-	OR	+290=	
			•			٠.	Αſ	TOTAL ODIT. FEE		OR ,	TOTAL ADDIT. FEE	<u> </u>
		(Column 1)		(Columi		(Column 3)		٠.			•	
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	wk		= .	Γ	X\$ 9=		OR	X\$18=	
	Independent		Minus	***		= .	+	X43=			X86=	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		-			OR	700-	
. 14	the enter in colum	nn 1'io long #== #					-	145=		OR	+290=	
**: If	the "Highest Nun	nn 1 is less than the nber Previously Pai	d For IN THIS	S SPACE is le	ess than	20. enter *20 *	· AD	TOTAL DIT. FEE		OR 🛕	TOTAL DDIT. FEE	
T	me riignest Nur he "Highest Num	mber Previously Pai ber Previously Paid	d For" IN THI: For" (Total or	5 SPACE is I Independent	ess than) is the l	3, enter "3." highest number			ropriate box		•	·
	•								, ,	•.		